

Health Benefit Program  
January 1 - December 31, 2022

Health Plan	Eligible Dependents	2022 Premium Increase/Decrease	2022 ER Monthly Saving (\$)	2022 EE Monthly Saving (\$)	2021 Total Monthly Premium	2021 Employer Monthly Deduction	2021 Employee Monthly Deduction	2022 Monthly premium	Admin Fee	Total Monthly	Proposed 2022 Employee Monthly Deduction	2022 Employee Semi-Monthly Deduction	Employer Monthly Contribution
<b>Blue Cross HMO*</b>	Employee Only	-8.70%	\$76.78	\$5.52	\$789.50	\$739.68	\$63.12	\$720.00	\$0.50	\$720.50	\$57.60	\$28.80	\$662.90
<b>Plan A</b>	Employee + 1 Dependent	-8.80%	\$139.50	\$16.68	\$1,578.50	\$1,415.04	\$189.36	\$1,439.00	\$0.50	\$1,439.50	\$172.68	\$86.34	\$1,266.82
	Employee + 2 or more	-8.80%	\$197.50	\$27.58	\$2,234.50	\$1,958.22	\$312.76	\$2,037.00	\$0.50	\$2,037.50	\$285.18	\$142.59	\$1,752.32
<b>Kasier Permanente*</b>	Employee Only	-8.70%	\$63.50	\$5.04	\$724.50	\$678.96	\$57.92	\$661.00	\$0.50	\$661.50	\$52.88	\$26.44	\$608.62
<b>\$20 Copay Plan</b>	Employee + 1 Dependent	-8.80%	\$128.50	\$15.36	\$1,449.50	\$1,299.76	\$173.88	\$1,321.00	\$0.50	\$1,321.50	\$158.52	\$79.26	\$1,162.98
	Employee + 2 or more	-8.80%	\$181.50	\$25.34	\$2,051.50	\$1,797.40	\$287.14	\$1,870.00	\$0.50	\$1,870.50	\$261.80	\$130.90	\$1,608.70
<b>Blue Cross - High Option</b>	Employee Only	-8.80%	\$93.50	\$7.44	\$1,056.50	\$998.61	\$84.48	\$963.00	\$0.50	\$963.50	\$77.04	\$38.52	\$886.46
<b>PPO Plan 9060</b>	Employee + 1 Dependent	-8.80%	\$185.50	\$22.20	\$2,111.50	\$1,915.45	\$253.32	\$1,926.00	\$0.50	\$1,926.50	\$231.12	\$115.56	\$1,695.38
	Employee + 2 or more	-8.80%	\$263.50	\$36.82	\$2,989.50	\$2,658.84	\$418.46	\$2,726.00	\$0.50	\$2,726.50	\$381.64	\$190.82	\$2,344.86
<b>Blue Cross - Low Option</b>	Employee Only	-8.80%	\$87.50	\$5.22	\$986.50	\$949.61	\$59.16	\$899.00	\$0.50	\$899.50	\$53.94	\$26.97	\$845.56
<b>PPO Plan 8060</b>	Employee + 1 Dependent	-8.80%	\$173.50	\$15.57	\$1,973.50	\$1,844.78	\$177.57	\$1,800.00	\$0.50	\$1,800.50	\$162.00	\$81.00	\$1,638.50
	Employee + 2 or more	-8.80%	\$246.50	\$29.52	\$2,793.50	\$2,533.89	\$335.16	\$2,547.00	\$0.50	\$2,547.50	\$305.64	\$152.82	\$2,241.86

\*Plan available outside Monterey County only  
100% Employer Paid

Health Plan	Eligible Dependents	2022 Premium Increase/Decrease	2022 Premium Increase/Decrease \$	2021 Monthly Premium	2022 Monthly Premium
Vision - VSP	Single	0%	\$0	\$7.00	\$7.00
	Two Party	0%	\$0	\$9.70	\$9.70
	Family	0%	\$0	\$16.60	\$16.60
Health Plan	Eligible Dependents	2022 Premium Increase/Decrease %	2022 Premium Increase/Decrease \$	2021 Monthly Premium	2022 Monthly Premium
Dental - Delta Dental	Employee	-3.80%	\$1.90	\$49.90	\$48.00
	EE + 1	-3.80%	\$3.80	\$99.90	\$96.10
	EE + Family	-3.80%	\$5.90	\$154.80	\$148.90